

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - <u>14189</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Joe Dwyer P.O. Box, Bldg., Room No., if any Street 3918 Victory Circle #104 City Billings State Montana ZIP Code +4 59102-5945	4. Name, file number, and address of labor organization. Name Teamsters Local 190 Labor Organization File Number 017-236 P.O. Box, Building and Room Number, if any P O Box 50969 Street 437 Kuhlman Drive City Billings State Montana ZIP Code +4 59105-0901
5. Position in labor organization. Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Western Sugar Cooperative Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 7555 East Hampden Avenue Suite 600 City Denver State Colorado ZIP Code +4 80231	7.a. Nature of Interest, Transaction, or Income. Four Colorado Rockies Tickets which were given to a local union job steward. 7.b. Amount. \$112

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 08/15/2004

Date

406-24-2658

Telephone Number

Name of Person Filing Joe Dwyer	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name William C Earhart Company</p> <p>Trade Name, if any: Montana Teamsters-Cont/Emp Trust</p> <p>P.O. Box, Bldg., Room No., if any P O Box 4148</p> <p>Street 3140 NE Broadway</p> <p>City Portland</p> <p>State Oregon ZIP Code + 4 97208-4148</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name William C Earhart Company</p> <p>Trade Name, if any: Montana Teamsters-Cont/Emp Trust</p> <p>P.O. Box, Bldg., Room No., if any P O Box 4148</p> <p>Street 3140 NE Broadway</p> <p>City Portland</p> <p>State Oregon ZIP Code + 4 97208-4148</p>	<p>11.a. Nature of such dealing.</p> <p>Reimbursed and incurred expenses for business relating to Trust. Earhart Company is a third party administrator for Health & Welfare Trust.</p>
	<p>11.b. Approximate dollar value of such dealing. \$4,313</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>